Recertification Report - CARF Accredited Organization

Provider Name			Provider Number		Begin Cert Date	End Cert Date
D "N" A CASE MANAGEMENT SERVICES		1568663755		6/30/2009	6/30/2010	
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Training (Wyoming Medicaid rules Chapter 45, Section 26)	Recommendation (Systemic)	4 Staff files were reviewed. 3 of the 4 files reviewed had documentation of background screenings. The one file that did not contain this information was on a new staff and the organization was in the process of obtaining a screening. 2 of 4 files (50%) contained documentation of CPR and 1st Aid Certification. 3 of 4 (75%) contained documentation that staff met qualifications of services provided. The Case Manager file reviewed did not include documentation of applicable experience.		Yes	6/30/2009
	Staff Training (Wyoming Medicaid rules Chapter 45, Section 26)	Recommendation (Systemic)	4 staff files were reviewed. 1 of 4 staff files (25%) contained completed documentation of Participant Specific and Division required general trainings.		Yes	6/30/2009
	Staff Training (Wyoming Medicaid rules Chapter 45, Section 26)	Recommendation (Systemic)	The provider stated during the survey that at least one staff, perhaps has solely provided direct services to participants prior to a background screening being completed; therefore, having unsupervised access to participants.		Yes	6/30/2009

Recertification Report - CARF Accredited Organization

Emergency Drills (CARF 1.E.)	Recommendation (Systemic)	The provider had two applicable sites, which should have documentation of emergency drills completed. The provider reported not having any documentation of completed emergency drills. Wyoming Medicaid Rules (Chapter 45, Section 24)	Yes	6/30/2009
Emergency Procedures during Transportation (CARF 1.E.)	Recommendation (Systemic)	0 of 2 (0%) vehicles observed had emergency procedures during transportation. Wyoming Medicaid Rules (Chapter 45, Section 24)	No	7/9/2009
Internal Inspections (CARF 1.E.)	Recommendation (Systemic)	1 of 2 locations (50%) reviewed had documentation of internal inspections, with concerns identified when appropriate, and follow-up to concerns documented as appropriate. Wyoming Medicaid Rules (Chapter 45, Section 24)	No	7/9/2009
External Inspections (CARF 1.E.)	Recommendation (Systemic)	1 of 2 locations reviewed (50%) had documentation of external inspections, with concerns identified when appropriate. 0 of 1 (0%) had documentation of follow-up to those concerns as appropriate. Wyoming Medicaid Rules (Chapter 45, Section 24)	Yes	6/30/2009
Progress made on prior DDD Survey recommendations	In-Compliance	With the exception of the issues readdressed in this survey, the provider continues to make progress on recommendations from the previous survey.	No	

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Recertification Report - CARF Accredited Organization

Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Focused)	The provider's policy was reviewed and met applicable standards, with the exception: the provider's policy did not include all reportable categories.	No	7/9/2009
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Recommendation (Systemic)	1 of 3 staff (33%) interviewed were able to articulate functional knowledge of the Division's Notification of Incident Reporting Process.	No	7/9/2009
Complaint and Grievance (CARF 1.D.)	In-Compliance	The provider's policy was reviewed and met applicable standards. In addition, the provider reports having no formal grievances filed in the past year. Wyoming Medicaid Rules Chapter 45, Section 31.	No	
Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	Recommendation (Systemic)	2 of 3 staff (67%) interviewed were able to articulate participant specific rights and restrictions.	Yes	6/30/2009
Behavior Plans (Chapter 45, Section 29)	In-Compliance	3 Positive Behavior Support Plan were reviewed, which met the applicable requirements. The provider is encouraged to continue to work with the team and Division staff in the development of PBSPs.	No	
Restraint standards (Chapter 45, Section28)	Recommendation (Focused)	The provider's policy on restraints did not include all required components as it indicated restraints were an option. This includes a restraint tracking system and policies for emergency interventions. As the provider currently does not have any participants needing restraints it was suggested that the provider reflect current practice in their policy.	No	7/9/2009

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	Transportation Requirements (CARF 1.E.9)	Recommendation (Focused)	2 vehicles observed provided evidence of meeting the standards with the exception: The Chrysler Van did not have auto insurance at the time of observation. Wyoming Medicaid Rules, Chapter 45, Section 24.		No	7/9/2009
Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	In-Compliance	1 file was reviewed and per the provider documentation the plan of care were being implemented appropriately.		No	
	Releases of Information (CARF 2.B.)	Recommendation (Systemic)	4 of 6 files (67%) reviewed releases were time-limited, specific to what information was being released, and to whom the information was being released. For Participant's 2 and 4 they contained a general DnA Case Management Release that was not specific to what information was being released. Wyoming Medicaid Rules Chapter 38		No	7/9/2009
	Emergency Information (CARF 2.B.)	In-Compliance	1 of 1 participant files (100%) reviewed, contained current and thorough emergency information. Wyoming Medicaid Rules Chapter 45, Section 24.		No	
	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-Compliance	1 of 1 participant files (100%) reviewed consistently included documentation of tracking of progress made on objectives.		No	

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	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Recommendation (Focused)	Six months residential and day habilitation documentation was reviewed on Participant 6. For Residential Habilitation in February 2009, the provider documented 27 units and billed 28 units. In April 2009, the provider documented 28 units and billed 30 units. May 24, 2009 through May 30, 2009 the documentation was missing; however, the provider billed during this time. Day Habilitation documentation for April 2009, the provider documented 11 units and billed 18 units. This documentation will be referred to Medicaid for possible recovery.		No	7/9/2009
Case Management Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	Recommendation (Systemic)	For Participant's 1, 2, 3, and 4, the provider was not completing the new case management documentation requirements, including tracking the number of incidents and restraints each month. In addition, for Participant's 1 and 2, there was only one quarterly report in the file.		No	7/9/2009

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Recertification Report - CARF Accredited Organization

m d re 4.	Case manager nonthly/quarterly locumentation meets equirements of Chapters 41, 2 and 43, and DD rule, Chapter 1	Recommendation (Focused)	For Participant 1's ISC documentation in April 2009, there were two sets of monthly documentation. The dates of the visits matched on the documentation; however, the times and the content of what occured during the visits differed. Documentation needs to occur at the time of service provision, in order to ensure its accuracy and content.	No	7/9/2009
4	eam meeting notes (Chapters 1, 42, and 43 and DD rule, Chapter 1)	In-Compliance	Team meeting notes for 5 applicable participants were reviewed and met applicable standards.	No	
0	Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-Compliance	6 files were reviewed and contained documentation of the development and tracking of objectives. The provider is encouarged to continue to work with the team and other Division staff in developing measurable objectives.	No	
th	Monitoring implementation of he IPC (Chapters 41, 42, and 3 and DD rule, Chapter 1)	In-Compliance	6 files were reviewed and contained documentation of monitoring the implementation, with the exception of where otherwise noted in this report.	No	

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	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	Recommendation (Systemic)	For Participant 1 there was documentation in the case manager's monthly documentation indicates incidents were happening with the participant. In one case documented by the ISC the ISC observed the incident; however, there was no formal incident report documentation in the file. In addition, for Participant 4 and 5 documentation did not include documentation of follow-up to incidents.		No	7/9/2009
Residential Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Focused)	1 residential site was visited and showed evidence of maintaining a healthy and safe environment, with the exception that it did not have a CO Monitor but did have at least one natural gas appliance.		Yes	6/30/2009
	The organization meets the standards in Chapter 45, section 23)	In-Compliance	The organization provided evidence for meeting the standards in chapter 45, section 23.		No	
Day Habilitiation, Employment Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	In-Compliance	1 site observed provided evidence of maintaining a healthy and safe environment.		No	
	Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	Not Reviewed	Even though the provider is currently providing day habilitation services, services were not able to be observed during the survey.		No	

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